

7002 0860 0006 5230 7879

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

| | | |
|---|----|---------------------------------------|
| Postage | \$ | 1:07-MC-21 SSB Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | |

Sent To Kenneth L Lawson
Lawson & Associates
Street, A or PO Box 1008 Race Street Suite 2
City, State Cincinnati, OH 45202

PS Form

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